

Jewish General Hospital  
Division of Gynecologic Oncology  
Segal Cancer Centre



Jewish General Hospital



HÔPITAL D'ENSEIGNEMENT  
DE L'UNIVERSITÉ MCGILL | A MCGILL UNIVERSITY  
TEACHING HOSPITAL

## Introduction

*Developed by:*

Luisa Luciani Castiglia, N, CON(C), MScA(c), McGill University  
Nancy Drummond, N, CON(C), MScA

*In collaboration with:*

Dr. Walter Gotlieb, MD, PhD  
Dr. Susie Lau, MD, FRCSC  
Linda Lei, MLIS  
Cania Vincelli, N, MScN & 5 NW nursing staff  
Claire Deland, N & Sonia Brin, N (Operating Room)  
and several extraordinary women who have lived this experience

© 2010, revised 2015

This booklet reflects the opinions of the  
Gynecologic Oncology team of the Jewish General Hospital.

This information should not be considered as medical advice.  
It is not to be used in place of a visit with a doctor, nurse or other health care  
professional. If you have questions about your individual medical situation,  
please consult with your health care team

*Gynecologic Oncology logo designed by David Drummond*

*We understand that facing cancer can be a difficult time for you. Some women are worried, some feel afraid and some feel shocked. You may be feeling any mixture of these emotions. Also, your mood may change throughout the day. All of these emotions are normal. Every person and every situation is different. Whatever you are feeling is all right. We encourage you to talk about how you are feeling. You can talk with a family member, a trusted friend, or anyone in our healthcare team. We also understand if you prefer to spend some quiet time alone.*

*Your doctor has proposed that you have surgery for a gynecologic cancer. This booklet will help you and your family understand and prepare for your surgery. It also explains what to expect and how to take care of yourself after the operation. It is not meant to replace talking with your doctor or nurse. We encourage you to talk to us about your concerns and ask any questions you may have.*

*Cancer does not only affect your body. It also affects how you and those around you feel. It is our intention to help you and give you support through this challenging time.*

## How to Use This Booklet

This booklet covers some of the different stages of your experience. It is written in the order in which events are expected to happen. It contains the answers to the most common questions women ask. You can read it all at once or a bit at a time. It is up to you. We encourage you to share it with family members or close friends.

As you are reading, you can write down notes or questions. You can do this in the text or in the notes section at the back of the booklet. We encourage you to prepare a list of questions. This will help you to remember what you want to ask us. Allow us to help you by answering your questions.

We have included a checklist at the back of the booklet. It may help you to keep track of important dates and information related to the surgery. There is also a list of team members with their phone numbers, reliable websites and support services.

## Contents

---

Female Reproductive Organs and Surgery	p. 4
Preparing for Your Surgery	p. 10
The Operation and Being in the Hospital	p. 17
Recovering at Home	p. 22
The Future	p. 30
How to Contact Us	p. 32
Resources	p. 33
Checklist	p. 35
References	p. 36

---

## FEMALE REPRODUCTIVE ORGANS AND SURGERY

---

*In this section, female reproductive organs and their function are described. Then we explain some aspects of gynecologic surgery for cancer. These include which organs may be removed and the type of incisions that may be used.*

*You will have **minimally invasive robotic assisted surgery**. This is the newest and most advanced type of surgery for gynecologic cancer. We explain how it is done and the advantages it offers.*

*We would like you to understand your surgery well. Include your family or any support persons you want to be involved. If you would like more information, ask your health care team.*

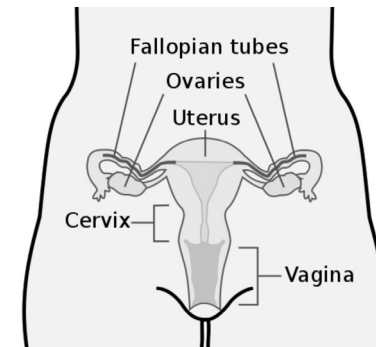
### Why am I having this operation?

The main reason for your surgery is to remove the cancer. The tissues that are removed will be looked at under the microscope by a pathologist (specialist). This special test is called the **pathology**. It will show the grade and the stage of the cancer. The **grade** refers to how destructive the cancer cells are. The **stage** refers to how much the cancer has spread. Together, stage and grade provide important information about the status of your cancer. It will help to decide whether there is a need for more treatment, such as medication, chemotherapy, or radiotherapy.

### What are female reproductive organs, and what do they do?

Female reproductive organs are also known as gynecologic organs. The internal organs are located in the pelvis (lower part of the abdomen).

Female reproductive organs



**Vagina:** a tube-like structure that leads to the uterus

**Uterus (womb):** the organ where menstruation (periods) are produced and where babies grow during pregnancy

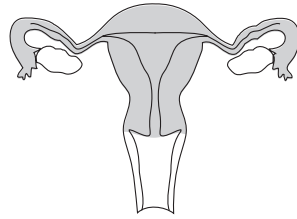
**Cervix:** the entrance from the vagina to the uterus

**Ovary:** 2 almond sized organs, one on each side of the uterus, which produce hormones such as estrogen and contain the eggs which lead to pregnancy

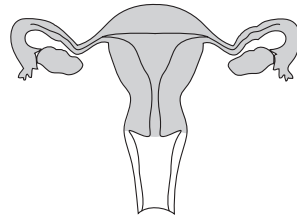
**Fallopian tube:** connects the ovary to the uterus

**What are some types of gynecologic surgery that can be done for cancer?**

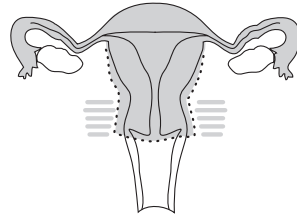
**Total hysterectomy and bilateral salpingectomy:** the uterus, fallopian tubes and cervix are removed



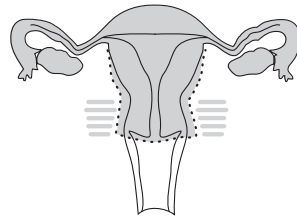
**Total hysterectomy with bilateral salpingo-oophorectomy:** the uterus, fallopian tubes, cervix and ovaries are removed



**Radical Hysterectomy with bilateral salpingectomy:** the uterus, fallopian tubes, cervix, upper part of the vagina and surrounding tissues are removed



**Radical hysterectomy with bilateral salpingo-oophorectomy:** the uterus, fallopian tubes, cervix, upper part of the vagina and surrounding tissues and ovaries are removed

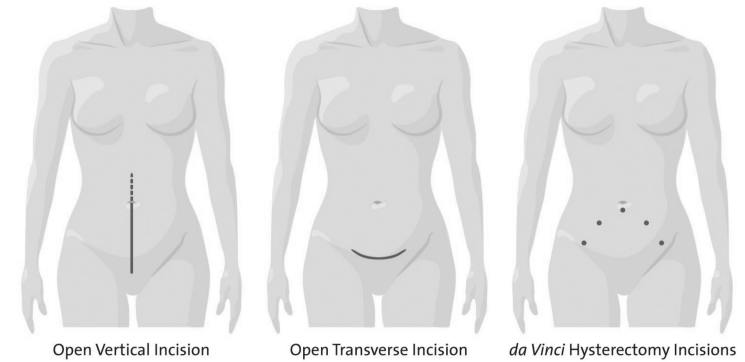


**Lymphadenectomy:** removal of lymph nodes in the pelvis and/or along the aorta (the big vessel in the abdomen)

**Omentectomy:** removal of the omentum (fatty layer near the stomach)

Surgery can be performed through:

- one long incision (cut) on the abdomen, either up and down or side to side or
- several small (1 to 2 cm) incisions on the abdomen (called minimally invasive surgery)



Incision types © (2010) Intuitive Surgical, Inc.

**What is minimally invasive robotic assisted surgery?**

This is the most recent type of minimally invasive surgery. It is performed through small incisions on your abdomen. After you have been put to sleep, the doctor makes 5 to 6 of these small incisions. Your abdomen is then filled with a harmless gas. This makes the organs easy to see and to access. The doctor places surgical tools through the incisions and connects these to robotic arms. One contains a 3-D high definition camera, which lets the doctor see inside the body with great detail. The other arms contain the surgical tools. The doctor then controls the robotic arms through a computer to perform the surgery. This computer allows the doctor to see better and have more precise hand movements. **It is important to understand that the robot is not performing the surgery. Your doctor controls the robotic arms during the entire procedure. At the end**

of the operation, the tissues are removed through the vagina and the upper part of the vagina is closed.



The Da Vinci® Robotic System © (2010) Intuitive Surgical, Inc.

### What are some of the benefits of minimally invasive robotic assisted surgery?

Having a few small incisions is much easier for recovery than having one long incision. **The biggest benefit is that you will have a faster and less painful recovery.** This will allow you to return to your normal activities more quickly. Other benefits include:

- shorter hospital stay (usually one day)
- less bleeding
- less scarring
- less risk of infection

### What are some of the possible complications of minimally invasive robotic assisted surgery?

In general, this type of surgery results in less complications than an operation that is done with one long incision. However, **there are possible side effects with any surgery.** Although they do not happen often, it is important for you to understand the possible risks. There may be:

- damage to other organs inside your abdomen (less than 2% in our experience at the JGH)
- a blood clot in a leg vein or lung (less than 2% in our experience at the JGH)
- a severe infection (less than 2% in our experience at the JGH)
- bleeding (an average of 6 tablespoons in our experience at the JGH)
- problems related to the anaesthesia (less than 1% in our experience at the JGH)

There is a small chance that the surgery cannot be finished using only small incisions. If this occurs, a longer incision will be made to complete the surgery.

## PREPARING FOR YOUR SURGERY

---

*This section describes getting ready for your surgery. We explain what you will need to do. Pay special attention to the parts about medications which must be stopped, emptying your bowel and the special shower. These are important. You may write in the checklist on p. 36 to help you remember. We also give you some suggestions on how to deal with your emotions during this time.*

### How will I know when I will have my surgery?

You will be called by our department with a date for your operation. This phone call is made about 1 to 2 weeks before the surgery. There is a small possibility that this date may be changed. We would call to let you know. This is only done if we have no other choice.

We understand that you would like to have your surgery as soon as possible. We try our sincere best to do this. If you have any questions about the schedule while you are waiting, you can inquire at our office at 514-340-8222, extension 3114 (choose option 4).

The hospital's admitting office will also call you the evening before the operation. They will tell you where to go on the morning of your surgery.

### While I am waiting for my surgery, what can I do to prepare myself?

The hospital admitting department will call you for your pre-operative tests (located E 101.7) These are usually a blood test, an ECG (electrocardiogram) and a chest x-ray. You will need to bring your

hospital card, medicare card, insurance information, list of medications. Request for public, semi-private and private rooms can be made at this time.

Preparing your body for the physical challenge of surgery is important.

- Try to get some exercise. If you are already active, continue with your routine. Otherwise, walking or swimming are good gentle ways to help get you in shape.
- Smoking can slow down healing and increase the risk of blood clots. If you smoke, you may want to try smoking less or even better think about giving it up. If you need help with this, contact the Cancer Prevention Center Smoking Cessation Program at 514-340-8222, extension 3870.

### Consider planning ahead for after the operation.

- You may want to do your banking.
- You may shop for groceries for when you get home. You can also prepare and freeze meals. This way, it will be less tiring for you.
- If possible, find someone to help you with your heavy housework.
- Arrange for someone to help you if you usually take care of others.
- Speak with your employer about taking some time off work. Bring forms or letters to be completed by physician at your clinic visit or upon discharge from hospital. (Note that there is a \$50 fee for form completion)
- Plan for someone to bring you home from the hospital.

## How can I handle my feelings during this time?

The waiting period for surgery can be difficult. You may be anxious for it to be done as soon as possible. Many women worry. There are some ways to make this time easier for you.

- Sharing your thoughts and feelings with others may help. Remember, anything you are feeling is okay. There is no “right” way to feel.
- If you find it difficult to talk, you may express your feelings by writing in a journal.
- Remember that your family is also affected by this. They want to help you. Try to spend some time together. You can share in a fun activity or just talk.
- Make a point of taking time to do things that you like, such as going to a movie or reading a book.
- Some women find that spiritual activities like prayer or meditation can help.
- Laughter and exercise are good ways to relieve tension.
- Expressing your feelings by crying sometimes is okay too.
- Getting information about your cancer and the surgery can also be helpful. If you would like more information on the internet, see p. 33-34 for reliable websites.

If you need some extra help during this time:

- You may contact the pivot nurse for any questions or concerns. She can be reached at 514-340-8222, extension 4223. She can assist you or refer you to another team member such as the psychologist or social worker.
- You may contact the team librarian if you need help with getting information. She can be reached at 514-340-8222, extension

3277. She is available to assist you in Room E-707 next to the clinic waiting room. Her schedule is available in the clinic or by calling 514-340-8222, extension 3114 (choose option 4).

- You may consider speaking with a religious leader of your faith. You may also contact one of our hospital chaplains. They are available in Room B- 648 of the B Pavilion. They may be reached at 514-340-8222, extension 5677. You may also use the hospital chapel, which is open 24 hours a day. It is located in Room B- 643 of the B Pavilion.

Other free services at the hospital which offer support to cancer patients and their families:

- Hope and Cope, located at the Segal Cancer Center in Room E.730-1 near the clinic. You can visit them or contact them at 514-340-8255 to learn more about how they can help you.
- The Wellness Centre, located at 4635 Côte-Sainte-Catherine next to the hospital. You can contact them at 514-340-0989.

## Are there any medications that I should stop taking before my surgery?

Yes. You must not take Coumadin®, Plavix® or aspirin for 7 days before your surgery. Heparin injections must also be stopped 24 hours before your surgery.

It is very important to let your doctor know if you are on any of these medications.



### Why do I need to cleanse my bowel before the surgery?

A full bowel could get in the way during the operation. It can also cause problems during the recovery period. Therefore, it is important to cleanse your bowel before surgery. This takes several days to do. You need to start 3 days before the operation. You must buy **mineral oil (500 ml)** and a **Fleet Enema® (rectal)** at your pharmacy. You do not need a prescription.

### Bowel preparation

#### Starting 3 days before the surgery:

- Take 1-2 tablespoons of **mineral oil** 3 times a day

#### The day before the surgery:

- Continue to take 1-2 tablespoons of **mineral oil** 3 times a day
- Do not eat any solid food. Do not drink milk.
- Drink only clear fluids. These are fluids that you can see through when poured into a glass. Some examples of clear fluids are:

water	soda: 7-Up, ginger-ale
apple juice	tea
orange juice without pulp	jello
broth without noodles	white Gatorade
- You must drink at least 8 to 10 glasses of fluid every day as it is easy to become dehydrated.

#### The evening before the surgery:

- Continue to take 1-2 tablespoons of **mineral oil** 3 times a day
- Do not eat any solid food. Do not drink milk.
- Drink only clear fluids.
- You must take a **Fleet Enema®** in the evening.

- You must not have anything to eat or drink after midnight, except for the medications that were agreed upon with your doctor.

### Why do I need to wash with a special soap before surgery?

You must shower with a special antibacterial soap before your surgery. This lowers the amount of germs on the skin, which helps to prevent infection. You can buy the **chlorhexidine gluconate 4% soap** at your pharmacy without a prescription. You may also buy it at the hospital pharmacy on the Ground floor of the G Pavilion. You can use either the liquid or the sponge format. If you are using the sponge, you must buy 2 of them (one for each shower).

You must shower with this soap 2 times. Take one shower the evening before your surgery. Take the second shower the morning of your surgery before coming to the hospital.

Remember:

- You must take off any nail polish on your finger and toe nails.
- **Do not** shave your abdomen or pubic hair. This could cause an infection in your incisions.

## How to take your shower:

- Wash your hair and face with regular shampoo and soap. Rinse your hair well. Do not use hair conditioner.
- If you are using the sponge, wet it with water.
- Wet your body under the shower and then turn off the water.
- Wash your body with the **chlorhexidine soap** for at least 5 minutes. Do not use it to wash your face. Do not allow it to get into your eyes or ears. If it does, rinse with running water for a few minutes. Make sure to scrub your abdomen, belly-button and groin area, as well as under your arms. Do not scrub too hard, as this may irritate your skin.
- Turn the water back on and rinse well. Dry yourself.

### After the shower:

- Do not use any creams, oils or deodorant.
- Do not use any hair products.
- Do not apply any make-up.

## THE OPERATION AND BEING IN THE HOSPITAL

---

*This section explains what will happen from when you come to the hospital until you go home. We describe where you will go, who will take care of you and how you may feel. We also explain where your support persons can stay.*

### What can I expect on the morning of my surgery?

You will be admitted to the hospital on the same day of your surgery. You must come to the hospital very early in the morning, by **6:30** a.m.

Remember, **you must not have anything to eat or drink that morning.** If you are on medications, discuss them with your health care team. You will be allowed to take most of your regular medications with a small sip of water. If you are diabetic, it is important to check if you can take your diabetes medications.

### Where do I go?

The hospital admitting department will inform you in advance which unit you will be admitted on. Go to the nursing station on 3 NW or 5 NW (D pavilion 3<sup>rd</sup> or 5<sup>th</sup> floor). If your room is not available yet, the nurse will show you to the family room. Your family or friends can stay with you. Your room will be ready for you after the operation.

### **What do I bring to the hospital?**

It is best not to bring any valuables with you. Leave your jewellery and money at home. You will need to bring your own toiletries, such as your toothbrush, toothpaste and soap. Pack lightly, as we expect that you will be in the hospital only one night. Bring a list of your medications with you. You can get a printed one from your pharmacy. Bring loose clothing to wear for when you go home. We suggest you take this booklet!

### **What will the nurse do to prepare me?**

The nurse will ask you several questions to get important information for your chart. She is available to answer any questions you may have. You will change into a hospital gown. The nurse will take a swab from your nose and one from your rectum. (testing for MRSA and VRE) You may also have a blood test. The nurse will check to see if you need any other tests.

The exact time of your operation will only be known in the morning. The nurse will tell you once it is available.

### **What will happen to me in the operating room?**

When it is time, an orderly will bring you to the holding area of the operating room on the 3<sup>rd</sup> floor. The anaesthetist (the doctor who puts you to sleep) will come to see you. You will probably be asked questions similar to the ones the nurse asked you. This is normal. It's a way of double checking that everything is all right.

When the team is ready for you, an attendant will walk you to the operating room. You will be welcomed by the team of doctors and nurses. You will be asked to lie down on a narrow table. The room will be cold. Don't worry, the nurse will give you a warm blanket.

The anaesthetist will put an IV (intravenous therapy) into your arm. You will also be given a mask for some oxygen. Then, you will be given anaesthesia (medication to put you to sleep) through the IV.

### **How long will my operation be?**

The total time in the operating room averages 4 to 5 hours. This includes being in the holding area, getting the anaesthesia and having the surgery. We cannot be sure of the exact time, as every patient and situation is unique.

### **Where will my family be during this time?**

Your family may stay in the waiting area close to the operating room on the 3<sup>rd</sup> floor. They should plan ahead for ways to pass the time while waiting. They could bring a magazine or a book. They may want to walk around or go for coffee. There is a pager system available so that they can be called if needed. Your family can ask for a pager at the main office, Room B-316. Your doctor will come to the waiting area to talk with your family when the surgery is over.

### **What will happen once my surgery is finished?**

You will wake up in the PACU (Post Anaesthesia Care Unit) close to the operating room on the 3<sup>rd</sup> floor. You will stay there until the anaesthetic is out of your system and you are fully awake. This could take several hours.

## **What can I expect in the PACU?**

You will have an IV in your arm. You will also have a small tube for oxygen in your nose. Your throat may hurt a little. This is because you had a tube in your throat during the operation to help you breathe.

If you had a radical hysterectomy, you will have a catheter (a small tube to collect your urine). You will have a sanitary pad for any vaginal discharge.

You will be wearing special stockings. These are to help prevent blood clots in your legs. They work by squeezing and releasing at regular intervals. Your legs may feel warm in them.

It is normal to have some pain after any operation. Some people feel sick to their stomach from the anaesthesia. Tell your nurse if you are having pain or nausea and she will give you medication.

Your family can visit you for short periods of time in the PACU. One person can visit for 5 minutes every hour. Before entering, they must call by using the beige phone in the waiting room.

When you are ready, you will be moved to your room.

## **What can I expect when I am in a regular room?**

You may still have some pain even though you had surgery using small incisions. Tell your nurse if you are in pain and she will give you medication. If your pain is from gas build-up in your bowels, walking is the best way to help pass the gas.

You may still have some nausea. Tell your nurse and she will give you medication. Once you are able to eat and drink, the IV will be removed.

Staying too long in bed can lead to blood clots or infection in the lungs. You will be helped to get out of bed on the same day of your operation. It is very important for you to sit in the chair and walk.

Once you are walking around, your special stockings will be taken off.

You may feel some discomfort the first few times you urinate. This is normal because you had a catheter to collect your urine while you were asleep during the operation. If you had a radical hysterectomy, you will still have your catheter.

Now is the time to begin to focus on recovery from your operation. Your family or friends can stay with you in the hospital room to help you and offer you support.

## **How long will I be in the hospital?**

After being evaluated by the team, you may go home the same day or the morning following surgery.

When you leave, you will be given a prescription for pain medication. You will need to return to see your doctor in 2 to 4 weeks. You should be given an appointment before you leave. If not, call the clinic secretary to make an appointment at 514-340-8222, extension 3114 (choose option 1).

If you had a radical hysterectomy, you will be going home with your catheter. This must be removed in 1 week. It is done by a nurse on the unit. You should be given an appointment to return for this by the nurse in charge on the hospital unit.

Before you leave, the health care team will review what you should do to take care of yourself when you are at home.

## RECOVERING AT HOME

---

*Recovery after minimally invasive robotic assisted surgery is generally faster than with other types of surgery. You only need to stay in the hospital for a short time. Most of your recovery can safely take place at home. However, it takes time to get well after any surgery.*

*This section describes your recovery period at home. It tells you what you should and should not do during this time. We describe what you could normally expect. We also tell you when to contact us or when to come to the hospital.*

### How active can I be?

Don't forget that **you have had a major surgery, no matter how it was done**. Even though you are not reminded by a big incision, your insides still need time to heal. You might get tired easily over the next few weeks. Slowly increase your level of activity. Try to rest even if you do not feel tired. If you do too much, you will become tired and may have pain. You may also hurt yourself. Listen to your body and don't do more than you can handle.

- Do not sit for long periods. It is important for you to get up from time to time and move around.
- **Walking is a gentle exercise that is good for you. Walk as often as you are able.**
- You can go up and down stairs slowly, one step at a time.
- You may do some light housework such as cooking if you feel up to it.

- **Do not lift anything heavier than 5 pounds or 2 ½ kilograms for 6 weeks after your operation.** For example, you may lift a 2 litre carton of milk, but nothing heavier.
- Avoid doing anything that will cause you to strain. For example, you should not push a heavy object such as a vacuum cleaner. You should also avoid straining to pass a difficult bowel movement.
- **You must avoid sexual intercourse for 8 weeks.** See p. 25 for more information about sex.

### When can I return to my usual activities?

- You may drive your car as soon as you feel that you are able to break suddenly without pain. You should also be able to move your body in the car without hesitation or feeling pain. You must be able to wear your seat belt.
- When you can return to work will depend on the type of work that you do. It could vary from 2 weeks if you have a job where you mostly sit to 6 weeks for active work. Your doctor will help you decide what is best for you.
- You can resume your regular exercise program after 6 weeks.

### How much pain will I experience?

You should experience only mild pain from your cuts as the surgery was performed through small incisions. Some women describe that their insides feel bruised. If you are in pain, you may use the medication that was prescribed for you. You may also use other ways to manage your pain. If an activity hurts, avoid it. You can also rest or distract yourself by listening to music or talking with someone. If your pain is not relieved, speak with the pivot nurse by calling 514-340-8222 ext. 4223.

You could also feel two other types of pain:

- a feeling of bloating in your stomach or a pain in your shoulder. Both of these are caused by your abdomen being filled with gas during the surgery. These feelings should only last for a few days.
- a crampy pain in the abdomen from gas build-up in the bowels. This can be related to constipation or slow bowels from the anaesthetic.

Walking may help relieve both of these types of pain. Wearing loose clothing may also help the discomfort in the abdomen.

### Can I take a shower or bath?

You can take a shower once you are home. Wash the incisions gently with soap and water. Do not rub them. Pat them dry. **Do not have a bath or go swimming for 6 weeks.** This could cause an infection. The inside of your vagina needs time to heal.

### How should I take care of my incisions?

Keep your incisions clean and dry. The stitches will dissolve on their own. The small tapes on your incisions will fall off by themselves within the next week. If not, you can pull them off when they curl. Do not apply a bandage or any antiseptic cream to the incisions. Avoid wearing tight clothes as they may rub against the incisions.

### Is it normal to have vaginal discharge?

It is normal to have some spotting or light pinkish brown bleeding for 2 to 4 weeks. You can use a sanitary pad. **Do not use tampons and do not douche for 6 weeks.** The inside of your vagina needs time to heal.

Some women also have a watery discharge from the vagina. It is

easy to mistake this for urine. It is just a build-up of fluid from the surgery. It is not dangerous and will stop on its own.

### What about sex?

You have stitches inside your vagina which need time to heal. For this reason, **you must not have penetrative sex for at least 8 weeks.** That means no penis or fingers in the vagina. Other forms of sexual intimacy such as hugging, kissing or touching are allowed during this time period. Having an orgasm is okay too.

Every woman is different. Some don't feel like having sex in the first few weeks after surgery and others do. Either way, it is important that you understand what you can and cannot do.

If you have concerns about your sexuality or having intercourse again, speak with the pivot nurse or your doctor at your follow up appointment or by calling 514-340-8222 ext. 4223.

### What can I do if I become constipated?

You may become constipated from the effects of the anaesthesia, some pain medications and being less active. Try to keep your bowel movements easy. Natural ways to manage constipation include:

- Drink lots of fluids, about 8 to 10 glasses per day.
- Eat foods high in fibre. Examples of these include: fresh fruit, leafy vegetables, whole grains and bran.
- Exercise, such as walking.

If these do not work, you can use Colace®, which helps to make bowel movements soft. You can buy this at your pharmacy without a prescription.

### **What should I eat?**

You can eat whatever you want after the surgery. However, a balanced diet will give you energy and help the body to heal. Try to include a variety of foods. Remember to drink plenty of fluids and eat foods high in fibre to prevent constipation.

### **Will I experience any change in passing urine?**

If you had a radical hysterectomy, you will need to have a catheter for one week. This gives enough time for the swelling in the tissues to come down. Your nurse will explain how to take care of it at home. You will also be called or visited by a nurse from the CLSC. You will need to return to 3 NW or 5 NW to have it removed. The nurses will also make sure that you can pass urine without difficulty afterwards. You must have an appointment before you are discharged. Speak to the nurse in charge on the unit to confirm this return visit.

If you did not have a radical hysterectomy, you should be able to pass urine like you normally do. It is important to drink plenty of fluids. Go to the bathroom often and do not hold your urine.

### **Is it normal for my abdomen to be so swollen?**

If your abdomen is swollen but soft, this is normal. This can happen after an operation. It is not simply from weak muscles or gaining weight. It is caused by swelling in the tissues from the surgery. It will go away on its own as the body heals. This could take several weeks or even months. Note the genital area can also be swollen for several weeks.

### **My legs feel numb, should I be worried?**

If you have had a radical hysterectomy, you may feel some numbness

in your legs after the surgery. This is from swelling around the nerves in the groin, which is related to removal of the lymph nodes. Don't worry. It will go away by itself as the body heals.

### **How can I expect to feel after the surgery?**

Each woman will feel differently after her surgery. Some women feel sad or a sense of loss. Others may feel relieved that the operation is over. Many women feel anxious while waiting for the pathology results. It may help to focus on your physical recovery for now.

It usually helps if you talk about your feelings. You can talk with your spouse, other family members or friends. Remember, everyone is unique. There is no "right" way to feel or react.

Your emotions can contribute to your sense of tiredness. Continue to do activities that you enjoy. This will give you energy and improve your sense of well-being.

If you need extra support during this time, contact the pivot nurse at 514-340-8222 ext 4223. She can assist you or refer you to another member of the team, such as the psychologist or social worker. You can also contact Hope and Cope at 514-340-8255. It is okay to ask for help.

### **When should I call my doctor or nurse?**

You can call at any time if you have a concern which cannot wait until your next visit. The pivot nurse is your first contact person for any issues related to your surgery. You can reach her at 514-340-8222, ext. 4223. You can also page her at 514-413-1006. On evenings, nights or week-ends, call the nurses on 3 NW (514-340-8222, ext. 5300) or 5 NW (514-340-8222, ext. 5500) instead. They will be able to give you advice. The doctor will be contacted as needed.

If you are experiencing any of the following, you must call us immediately:

- vaginal bleeding which is heavy (more than a light period, bright red in color or with clots) or foul smelling
- watery vaginal discharge which requires a frequent change of pads and lasts more than a few days
- a fever of 38° C (or 100.2° F) or higher or chills
- drainage from your incisions or if they become more red or painful
- problems with urination (having to urinate very often or burning or pain when you pass urine) or bad smelling urine
- pain that is not relieved by taking your pain medications
- nausea or vomiting which is stopping you from drinking or eating
- constipation that is not relieved by taking laxatives

---

**Go to the Emergency Department right away if you have:**  
pain, redness or swelling in your calf or leg

**Call 9-1-1 if you have:**  
chest pain or difficulty breathing

---

### **When will I have a follow-up visit with my doctor?**

You will see the doctor about 2 to 4 weeks after the surgery. As always, it is a good idea to bring someone with you to any of your appointments. The doctor will examine you to check for tissue healing. The results of your pathology will also be available at this time. This will be discussed with you. Some women will just need the surgery. Others will need medication, radiotherapy or chemotherapy. Your doctor will explain your treatment choices to you. Your treatment plan is intended to give you the best results possible.



## THE FUTURE

---

*This section describes your long term recovery. There are 3 parts to your recovery: physical, sexual and emotional. The physical part is the healing of your body. The sexual part involves a return to your usual sexual life. The emotional part is dealing with your feelings about the cancer and the surgery. Whether or not you need more treatment, we will continue to follow you for many years.*

### Are there any long term physical effects of this surgery?

If you are not already in menopause, you could experience the following:

- When the uterus is removed, your periods will stop. You will also no longer be able to get pregnant.
- If the ovaries are removed, you will enter menopause after the surgery. That is because the ovaries are no longer there to make estrogen. Some symptoms of menopause are hot flashes, night sweats and vaginal dryness.

If you have concerns or questions about menopause or hormone replacement therapy, speak with your health care team.

### Will I have any long term sexual effects?

Some women worry about resuming intercourse. They worry that having sex could injure her insides. You can safely have intercourse 8 weeks after the surgery. If you are anxious, share this with your partner. It is okay to take your time.

The surgery should not affect your ability to have sexual pleasure. You may still have an orgasm without a uterus or cervix. If you have entered menopause, having less estrogen does not affect your sexual desire. However, vaginal dryness can make intercourse uncomfortable. This could make you less interested in wanting to have sex. Vaginal dryness can be managed. You can use a vaginal moisturizer such as Replens® on a daily basis. You can also use a water-based lubricant such as Astroglide® during intercourse. Both are available at your pharmacy.

How you see yourself and your relationship with your partner is important. Talking to each other about how you are feeling is also important. In time, most women return to their usual sexual functioning.

If you have concerns or questions related to sexuality, speak with the pivot nurse or your doctor. If needed, you could also be referred to the sexologist on the team.

### What about my emotional recovery?

Every woman's journey is unique. You have had a life-changing experience. You may or may not need more treatment for your cancer. Either way, you have experienced an important life event. It may affect the way you feel in the future. Some women feel more positive and others may feel more negative. It will take time to make sense of your experience in your mind. You should try to talk about this with those around you.

Some women feel differently about their bodies after surgery. Sometimes, this affects how they see themselves. If this is bothering you, speak with a family member, trusted friend or member of the health care team.

You may continue to need support in the months to come. You can still use the resources at the hospital. We remain available to help you. Don't hesitate to contact us.

## HOW TO CONTACT US

Jewish General Hospital	main number	514-340-8222
Gynecologic oncologists	Dr. Gotlieb	ext. 23114
	Dr. Lau	ext. 23114
	Dr. Salvador	ext. 23114
Pivot nurse	Nancy Drummond (pager: 514-413-1006)	ext. 24223
Nursing team on 5 NW	Nursing station	ext. 25500
Nursing team on 3 NW	Nursing station	ext. 25300
Administrative secretary	Teri Karabineris	ext. 23114 option 4
Clinic secretary	Ana Massa	ext. 23114 option 1
Psychologist	Dr. Sylvie Aubin	ext. 23223
Social worker	Christina Cabral	ext. 22983
Patient information specialist	Linda Lei	ext. 23277

Sex and Couple Therapy Service, MUHC  
(514) 934-1934 ext. 34285,  
sexandcoupletherapy@gmail.com

## RESOURCES

*The following are some lists of reliable organizations and websites. These may be helpful to you for more information or support.*

**For a general overview, you can consult our website:**

Jewish General Hospital Gyn-Onc Health Information services  
<http://www.jgh.ca/gynonc>

**For information specific to different types of gynecologic cancer:**

**National Cancer Institute**

<http://www.cancer.gov/types/by-body-location#gynecologic>

Women's Cancer Network of the Gynecologic Cancer Foundation  
<http://www.wcn.org>

BC Cancer Agency

<http://www.bccancer.bc.ca/health-info/types-of-cancer/womens-cancer>

Foundation for Women's Cancer

<http://www.foundationforwomenscancer.org/>

**For more information about minimally invasive robotic assisted surgery:**

Intuitive Surgical

<http://www.intuitivesurgical.com>

<http://www.davincisurgery.com/da-vinci-gynecology/conditions/cancer/>

**For a wide range of information about cancer and services:**

Canadian Cancer Society Telephone: 1-888-939-3333  
<http://www.cancer.ca>

American Cancer Society  
<http://www.cancer.org/docroot/home/index.asp>

**For on-line support and coping:**

Hyster Sisters Woman-to-Woman Hysterectomy Support  
[http://www.hystersisters.com/vb2/view\\_cancer.htm](http://www.hystersisters.com/vb2/view_cancer.htm)

Eyes on the Prize:  
Support and Information for Gynaecological Cancer  
<http://www.eyesontheprize.org>

Canadian Cancer Society's CancerConnection.ca (online support)  
<http://www.cancerconnection.ca/home>

CancerChatCanada.ca funded by Canadian Partnership Against  
Cancer: <http://www.cancerchatcanada.ca>

**For organizations which can provide face-to-face support:**

<b>Hope and Cope</b>	<b>Wellness Centre</b>
3755 Côte-Sainte-Catherine	4635 Côte-Sainte-Catherine
Pavilion E, Room 730-1	Montreal, Quebec
Montreal, Quebec	H3W 1M1
H3T 1E2	Telephone: 514-340-0989
Telephone: 514-340-8255	<a href="http://www.jgh.ca/en/wellness">http://www.jgh.ca/en/wellness</a>
<a href="http://www.jgh.ca/en/HopeCope">http://www.jgh.ca/en/HopeCope</a>	

## CHECKLIST

### Before my operation:

My operation date: \_\_\_\_\_

I have to stop these medication(s) before the operation:

\_\_\_\_\_ When: \_\_\_\_\_

\_\_\_\_\_ When: \_\_\_\_\_

None

I must start my bowel preparation

3 days before my operation on: \_\_\_\_\_

I must take my special shower:

The evening before my operation:

The morning of the operation, before coming to the hospital

I must have nothing to eat or drink after midnight

I can take my medications the morning of my operation with a  
small sip of water:

All of them  except for: \_\_\_\_\_

Where I go the morning of my operation at 5:30 \_\_\_\_\_

What I should bring to the hospital:

- Toothbrush, toothpaste, soap, sanitary pads, Kleenex,  
loose clothing for the return home, this booklet

• Other: \_\_\_\_\_

### After my operation:

My appointment for my catheter removal (radical hysterectomy only):

Place: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

My follow up appointment with my doctor:

Date: \_\_\_\_\_ Time: \_\_\_\_\_

## References

- Abitbol J, Lau S, Ramanakumar AV, Press JZ, Drummond N, Rosberger Z, Aubin S, Gottlieb R, How J, Gottlieb WH. Prospective quality of life outcomes following robotic surgery in gynecologic oncology. *Gynecol Oncol.* (2014) 134: 144-9
- Alzahrani T, Haddad R, Alkhalaf A, Delisle J, Drudi L, Gottlieb W, Fraser S, Bergman S, Bladou F, Andonian S, Anidjar M. Validation of the da Vinci Surgical Skill Simulator across three surgical disciplines. *Can Urol Assoc J.* (2013) 7: 520-9.
- Badawy M, Béique F, Al-Halal H, Akkour K, Azar T, Lau S, Gottlieb WH. Anesthetic considerations and Safety of Robotic Surgery in Gynecologic Oncology *J Robot Surg* (2011, In press)
- Canadian Cancer Society. (2005). *Living with cancer: A guide for people with cancer and their caregivers*. Retrieved May 4, 2015, from [http://www.nb.cancer.ca/~media/CCS/Canada%20wide/Files%20List/English%20files%20heading/Library%20PDFs%20-%20English/Living-with-cancer\\_May2012.ashx](http://www.nb.cancer.ca/~media/CCS/Canada%20wide/Files%20List/English%20files%20heading/Library%20PDFs%20-%20English/Living-with-cancer_May2012.ashx)
- Castiglia L, Drummond N, Purden M. The Development of a Patient Teaching Tool for Women with a Gynecologic Malignancy Undergoing Minimally Invasive Robotic Assisted Surgery. *Clinical Journal of Oncology Nursing* 15(4), p. 404-410.
- Drudi L, Press J, Lau S, Gottlieb S, How S, Drummond N, Brin S, Deland S, Gottlieb W. Vaginal vault dehiscence after robotic hysterectomy in patients with gynecologic cancers: Prospective evaluation and literature review. *Int J Gynecol Cancer* (2013) 23: 943-50
- Eliit L, Moens F, Mazurka J, Haupsy J, Thomas H, Huhtala K., et al. (2009). Total laparoscopic hysterectomy: Bilateral salpingo-oophorectomy. Hamilton: Juravinsky Cancer Centre, Hamilton Health Sciences. Retrieved on May 4, 2015 from <http://www.hamiltonhealthsciences.ca/documents/Patient%20Education/LaparoscopicHysterectomy-th.pdf>
- Halliday D, Lau S, Vaknin Z, Deland C, Levental M, McNamara E, Gottlieb R, Kaufer R, How J, Gottlieb WH. Robotic radical hysterectomy: comparison of outcomes and cost. *J Robotic Surg* (2010) 4:211-216
- Hopkins L, Carrier M, Plante M, Luna V, Gottlieb W, Rambout L. Surgical venous thromboprophylaxis: a cross-sectional survey of Canadian gynaecologic oncologists. *J Obstet Gynaecol Can.* (2012) 34(7):673-7.
- How J, Gottlieb WH. Comparing indocyanine green, technetium, and blue dye for sentinel lymph node mapping in endometrial cancer. *Gynecol Oncol.* (2015) Apr Epub
- How J, Gottlieb WH. Sentinel lymph nodes evaluation in endometrial cancer. In *Uterine Cancer: Diagnosis & Management* (2014) Springer Verlag. E. Dinesh Editor (in press)
- How J, Lau S, Press J, Ferenczy A, Pelmus M, Stern J, Probst S, Brin S, Drummond N, Gottlieb W. Accuracy of sentinel lymph node detection following intra-operative cervical injection for endometrial cancer: A prospective study. *Gynecol Oncol.* (2012) 127 (2): 673-7
- Intuitive Surgical. (2008). Facing a hysterectomy? If you've been diagnosed with early stage gynecologic cancer, learn about minimally invasive da Vinci surgery, Retrieved on May 4, 2015 from <http://www.davincisurgery.com/assets/docs/hysterectomy-cancer-en-871970.pdf>
- Jewish General Hospital. (n.d.). Pre-operative shower instructions. Montreal.
- Kiely DJ, Gottlieb WH, Jardon K, Lau S, Press JZ. Advancing surgical simulation in gynecologic oncology: robotic dissection of a novel pelvic lymphadenectomy model. *Simul Healthc.* (2015) 10: 38-42
- Laskov I, Gottlieb WH, Rabinovich A. Role of Laparoscopic and Robotic Surgery in Endometrial Cancer – The Inevitable Evolution. In *Uterine Cancer: Diagnosis & Management* (2014) Springer Verlag. E. Dinesh Editor (in press)
- Lau S, Buzaglo K, Vaknin Z, Brin S, Kaufer R, Drummond N, Gourdji I, Aubin S, Rosberger Z, Gottlieb WH. Relationship between body mass index and robotic surgery outcomes of women diagnosed with endometrial cancer. *Int J Gynecol Cancer* 21(4):722-9.
- Lau S, Aubin S, Rosberger Z, Gourdji I, How J, Gottlieb R, Drummond N, Eniu I, Abitbol J, Gottlieb W. Health-Related Quality of Life Following Robotic Surgery: A Pilot Study. *J Obstet Gynaecol Can.* (2014) 36:1071-8
- Lau S, Vaknin Z, Agnihotram VR, Franco E, Gottlieb R, How J, Halliday D, Gottlieb WH. Clinical and economical impact following the introduction of robotics for endometrial cancer staging. *Gynecologic Oncology.* 120:s125.
- Lau S, Vaknin Z, Agnihotram VR, Franco E, Gottlieb R, How J, Halliday D, Gottlieb WH., Outcomes and cost following the introduction of a robotics program for endometrial cancer surgery. *Obstet. Gynecol* (2012) 119 (4): 1-10
- Lavoue V, Lau S, Press J, Abitbol J, Zeng X, Gottlieb R, How J, Wang Y, Gottlieb WH. Bénéfices de la chirurgie robotique pour les atients âgées avec un cancer de l'endomètre. *MSAmerique* (2013) 2:19-36
- Lavoue V, Zeng X, Lau S, Press JZ, Abitbol J, Gottlieb R, How J, Wang Y, Gottlieb WH. Impact of robotics on the outcome of elderly patients with endometrial cancer. *Gynecol Oncol.* (2014) 133:556-62
- Lewis SL, Heitkemper MM, Dirkson SR, O'Brien PG, Bucher L. (2007). *Medical surgical nursing: Assessment and management of clinical problems* (7th ed.). St. Louis: Mosby Elsevier.
- Oehler MK (2009). Robot-assisted surgery in gynaecology. *Australian and New Zealand Journal of Obstetrics and Gynaecology*, 49,124-129.
- Peeters F, Vaknin Z, Lau S, Deland C, Brin S, Gottlieb W. Technical modifications in the robotic assisted surgical approach for gynecologic operations. *J Robotic Surg* (2010) 4:253-257
- Press JZ, Gottlieb WH. Controversies in the treatment of early stage endometrial carcinoma. *Obstet Gynecol Int.* 2012;2012:578490. Epub 2012 Mar 26.
- Press JZ and Gottlieb WH. Robotics. In *“Gynecologic Oncology”*, 6th edition (2014) Lippincott Williams & Wilkins, J. Berek and N Hacker editors.
- Querleu D, Plante M, Sonoda Y, Gottlieb W, Leblanc E. Minimally Invasive Surgery in Gynecologic Cancer In *“Principles and Practice of Gynecologic Oncology*, 6th edition (2013) Lippincott Williams & Wilkins, R. Barakat, A. Berchuck, M. Markman, and T Randall editors
- Rajanbabu A, Drudi L, Lau S, Press JZ, Gottlieb WH. Virtual reality surgical simulators – A prerequisite for robotic surgery. *Indian J Surg Oncol* (2014) 5: 125-7
- Tulandi T, & Byrt H. (2003). *So you're having a hysterectomy*. Toronto: SCRIPT Medical Press. Up To Date. (2008). Patient information: Care after gynecologic surgery (Beyond the Basics). Retrieved on May 4, 2015 from <http://www.uptodate.com/contents/care-after-gynecologic-surgery-beyond-the-basics>
- Vaknin Z, Gottlieb WH. Robotic-assisted minimally invasive surgery and ovarian cancer. *Therapy* (2010) 7: 217-219.
- Vaknin Z, Perri T, Deland C, Gourdji I, Rosberger Z, Drummond N, Lau S, Gottlieb WH. Outcome and quality of life in a prospective cohort of the first 10 robotic surgeries for endometrial cancer, with focus on elderly patients. *International Journal of Gynecologic Cancer* (2010) 20:1367-73
- Zeng XZ, Lavoue V, Lau S, Press JZ, Abitbol J, Gottlieb R, How J, Wang Y, Gottlieb WH. Outcome of robotic surgery for endometrial cancer as a function of patient age. *Int J Gynecol Cancer* (2015) Feb Epub.

Gloria's  
Girls

---